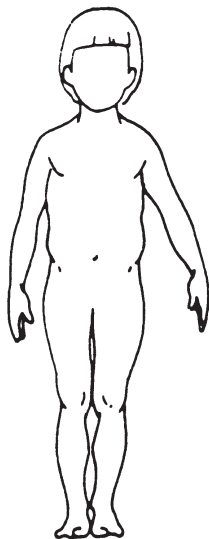
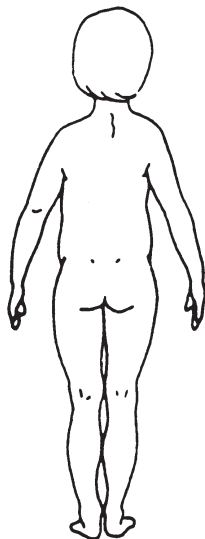


Physical Description and Medical Information

Please use the following figures and numbered spaces to record the location and type of any distinguishing birthmarks, moles, scars, previously broken bones and prosthetics.



Front



Back

Place a Recent Photo Here
(And Update Yearly)

This card was developed by the FBI for your child's protection. It will assist local, state and federal law enforcement officials to identify your child in a crisis situation. This card is provided in cooperation with your local law enforcement agencies.

Front

1. _____
2. _____
3. _____
4. _____
5. _____

Back

1. _____
2. _____
3. _____
4. _____
5. _____

Date: _____

Height: _____

Weight: _____

Eye Color: _____

Hair Color: _____

Blood Type: _____

My Child's Medical Records Are On File With:

Dr. _____

Address: _____

City: _____

State: _____ Zip: _____

Telephone: () _____

My Child's Dental Records Are On File With:

Dr. _____

Address: _____

City: _____

State: _____ Zip: _____

Telephone: () _____

Compliments of
Assemblymember Judy Chu
49th Assembly District

1255 Corporate Center Drive, Suite PH9
Monterey Park, CA 91754
(323) 981-3426

E-Mail: Assemblymember.Chu@assembly.ca.gov

FBI CHILD IDENTIFICATION

Date of Birth

Date

Signature of Child or Parent/Guardian

Last Name

First Name

Middle Name

Sex

Race

Hgt.

Hair

Eyes

Nick Name

Password

IF YOUR CHILD SHOULD EVER DISAPPEAR, TAKE THIS FINGERPRINT CARD TO YOUR LOCAL POLICE DEPARTMENT AND REQUEST THAT THE CLASSIFICATION BE ENTERED INTO THE FBI'S NATIONAL CRIME INFORMATION CENTER

Leave Blank

Class

Ref

NCIC Class-FPC

1. Right Thumb

2. Right Index

3. Right Middle

4. Right Ring

5. Right Little

1. Left Thumb

2. Left Index

3. Left Middle

4. Left Ring

5. Left Little

Left Four Fingers Taken Simultaneously

Left Thumb

Rt. Thumb

Right Four Fingers Taken Simultaneously